

MENTAL HEALTH SURVEY

THIS SURVEY MAY BE USED TO ASSIST YOU IN
ASSURING THAT YOUR POLICY AND PROCEDURE MANUAL
IS COMPLETE.

Policies and Procedures Worksheet

Facilities Licensed Under N.C.G.S. 122-C-10A NCAC --Subchapter 27G

Facility:	MHL#: -	27G Code(s):	County:
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Consultant:	Date: / /	Time Begin:	Time End:
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SECTION .0200 OPERATION AND MANAGEMENT RULES

.0201 Governing Body Policies

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| <input type="checkbox"/> Delegation of Mgmt authority
<input type="checkbox"/> Admission criteria
<input type="checkbox"/> Discharge criteria
<input type="checkbox"/> Who will perform assessments
<input type="checkbox"/> Assessment time-frame
<input type="checkbox"/> Persons authorized to document in client rec
<input type="checkbox"/> Transporting records
<input type="checkbox"/> Safeguarding of records
<input type="checkbox"/> Accessibility of records to auth. persons
<input type="checkbox"/> Assurance of confidentiality of records
<input type="checkbox"/> Assessment of presenting problem
<input type="checkbox"/> Assessment of ability to provide service(s)
<input type="checkbox"/> Disposition of client
<input type="checkbox"/> QA/QI activities and composition
<input type="checkbox"/> Written plan for QA/QI
<input type="checkbox"/> Methods of monitoring client care
<input type="checkbox"/> Qualified supervision
<input type="checkbox"/> Intervention Advisory Committee | <input type="checkbox"/> Strategies for improving client care
<input type="checkbox"/> Staff credentialing/privileging
<input type="checkbox"/> Review of fatalities
<input type="checkbox"/> Standard of practice
<input type="checkbox"/> Medication usage – use Section .0207 for a detailed check list.
<input type="checkbox"/> Incident reporting
<input type="checkbox"/> Voluntary non-compensated work by client
<input type="checkbox"/> Fee assessment & collection
<input type="checkbox"/> Medical emergency plan
<input type="checkbox"/> Authorization for F/U of lab tests
<input type="checkbox"/> Transportation
<input type="checkbox"/> Safety precautions
<input type="checkbox"/> Volunteers-confidentiality requirements
<input type="checkbox"/> Staff training & CEU's
<input type="checkbox"/> Client grievance policy
<input type="checkbox"/> Infectious Disease |
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.0209 Medication Requirements

<input type="checkbox"/> Meds dispensed only by written MD order <input type="checkbox"/> Dispensing of meds by Licensed pers. only <input type="checkbox"/> Take-home Methadone to be given to client by Registered Nurse only <input type="checkbox"/> Facilities shall not keep prescription drugs for dispensing w/o a Pharmacist, except for emerg. use. A small supply of samples may be kept & locked by an MD <input type="checkbox"/> Non-prescribed drug containers not dispensed by a Pharmacist must have the original label with expiration dates visible <input type="checkbox"/> Prescription meds. must be dispensed in tamper-resistant packaging <input type="checkbox"/> Label on presc. meds must include: Ct's name; MD's name; disp. date; admin. directions; name, strength, quantity, and, expiration date of drug; name and address of pharmacy, name of Pharmacist <input type="checkbox"/> Med admin. by written MD order only <input type="checkbox"/> Meds only self-admin by written MD order <input type="checkbox"/> Med admin. by trained staff only <input type="checkbox"/> 6-month drug review by a Psychiatrist or Pharmacist required if taking Psychotropics	<input type="checkbox"/> MAR must be kept current <input type="checkbox"/> MAR must have: ct's name; name, strength & quantity of drug; instructions for admin; date & time of admin; initials of person admin. drug <input type="checkbox"/> Ct request for med changes/checks on MAR <input type="checkbox"/> Non-controlled meds must be disposed of by flushing, or returned to the pharmacy <input type="checkbox"/> Controlled meds must be disposed of by the Rules in NC Controlled Substance Act GS 90 <input type="checkbox"/> Docum. of disposal in record w/Ct's name, med. name, strength, quantity, disposal date & method, signature of disposer & witness <input type="checkbox"/> At D/C of ct meds shall be disposed of immed. <input type="checkbox"/> Meds must be locked <input type="checkbox"/> Fridge meds must be in separate locked container <input type="checkbox"/> Meds must be stored separately for each ct. <input type="checkbox"/> Meds must be stored separately for internal & external use <input type="checkbox"/> In a secure place for approved self-administering <input type="checkbox"/> A facility must be registered under GS 90, Article 5 if controlled substances are on premises <input type="checkbox"/> Staff is responsible for informing the MD of the review results if medical intervention is indicated
<input type="checkbox"/> Findings from drug review recorded in clients record w/ corrective action plan <input type="checkbox"/> Meds prescribed by an area program MD will give written or oral instructions <input type="checkbox"/> Med education will be enough to allow for ability to make informed consent	<input type="checkbox"/> The area program will have written docum. in ct's record that education was given, to whom & in what format <input type="checkbox"/> Med errors are to be recorded in MAR <input type="checkbox"/> Med refusal or adverse reactions recorded <input type="checkbox"/> Severe reactions to be immediately reported to MD or Pharmacist

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CLIENT RIGHTS IN COMMUNITY MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

SUBCHAPTER 27D-GENERAL RIGHTS

.0101 Policy On Rights Restrictions And Interventions

- ☐ Alleged/suspected-abuse/neglect/exploitation must be reported to area DSS
- ☐ Safeguards are used when meds present an increased risk to ct. (ie-neuroleptics)
- ☐ ID prohibited restrictive interventions
- ☐ 24-hr facility-Identify circumstances when staff can not restrict the rights of clients
- ☐ ID allowed restrictive interventions
- ☐ Staff responsible for informing ct.
- ☐ Due process procedure for ct. refusing rest. inter.
- ☐ ID staff responsible for giving written permission for 24-hr restrictive intervention
- ☐ ID staff responsible for review of restrictive interv.
- ☐ Process of appeal for disagreement over planned use of restrictive interventions

- ☐ Client's physical and psychological well-being to include: review of the client's health history or comprehensive health assessment; continuous assessment and monitoring of the client's physical psychological well-being throughout the duration of restrictive intervention; continuous monitoring of the client 's physical and psychological well-being by a staff trained in CPR; and continued monitoring of the client's well-being for a minimum of 30 minutes a staff trained in CPR to
- ☐ Following the use of rest. inter. the staff shall conduct debriefing and planning with the client and legal responsible person. This process should be conducted based on the cognitive functioning of the client.

.0102 Suspension And Expulsion Policy

- ☐ No ct shall be threatened w/ unwarranted suspension or expulsion
- ☐ Policy & criteria for suspension
- ☐ Time & conditions for resuming services

- ☐ Doc. of efforts to make alternative services avail
- ☐ Discharge plan, if any

.0103 Search And Seizure Policy

- ☐ Ct should have privacy
- ☐ Policy on searches/seizures of ct's possessions (including circumstances)

- ☐ Doc. of search/seizure including: scope, search, reason, procedures followed, account of disposition of seized property

.0104 Periodic Internal Review

- ☐ Facility shall conduct a review at least every 3 years to check for compliance with applicable laws

- ☐ The governing body will keep the last 3 written reports of the findings of the reviews

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SECTION .0200 INFORMING CLIENTS AND STAFF OF RIGHTS

.0201 Informing Clients

- ☐ Written clients rights given to ct. or guardian
- ☐ Each ct must be informed of right to contact Governor's Advocacy Council
- ☐ Within 72 hours or three visits ct's will be informed of rules, and violation penalties; disclosure rules for confidential info; procedure for obtaining a copy of treatment plan; grievance procedures (incl. Contact person); suspension/expulsion; and search and seizure

- ☐ In facilities using restrictive interventions-within 72 hours or 3 visits ct's will be informed of the purpose, goal, & reinforcement structure of a behavior mgmt system; potential restrictions; notification provisions regarding use; notice that the legally responsible person after use of restr. interv.; a competent adult may designate an indiv. to receive information after rest. int.; and notification provisions re: restriction of rights
- ☐ Doc. in record that rights were explained

.0202 Informing Staff

- ☐ Written policy on informing staff of clients rights

- ☐ Doc. of receipt of information by each staff

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SECTION .0300 GENERAL CIVIL, LEGAL, AND HUMAN RIGHTS

.0301 Social Integration	
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| <input type="checkbox"/> Ea. ct. will be encouraged to participate in activities | <input type="checkbox"/> Ct's will not be prohibited from activities unless restricted in writing in ct. record |
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.0302 Client Self-Governance

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| <input type="checkbox"/> Written policy-allows ct input into facility governance & development of ct self-governance groups |
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.0303 Informed Consent

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| <input type="checkbox"/> Ct will be informed about the alleged benefits, potential risks, and alternative treatments
<input type="checkbox"/> Ct will be informed about the length of time the consent is valid and procedure to w/d consent
<input type="checkbox"/> Consent for use of restrictive interventions valid for 6-months | <input type="checkbox"/> Written consent needed for planned interventions
<input type="checkbox"/> Written consent needed for antabuse & Depo-Provera, when used for non-FDA approved uses
<input type="checkbox"/> Ct's have a right to refuse treatment, shall not be threatened with termination
<input type="checkbox"/> Doc. of informed consent in ct's record |
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.0304 Protection From Harm, Abuse, Neglect, or Exploitation

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| <input type="checkbox"/> Staff will protect clients from harm, abuse, neglect, and exploitation
<input type="checkbox"/> Staff will not inflict harm, abuse, neglect, or exploit ct's
<input type="checkbox"/> Goods/Services will not be sold to or purchased from ct's except through established policy | <input type="checkbox"/> Staff will only use the degree of force necessary to repel or secure a violent/aggressive ct and which is permitted by the policies. The degree of force necessary depends on the characteristics of the ct and degree of aggressiveness. Use of interventions in agreement with 10A NCAC 27D
<input type="checkbox"/> Any violation of this rule by staff is grounds for dismissal |
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SUBCHAPTER 27E-TREATMENT OR HABILITATION RIGHTS

SECTION .0100 PROTECTIONS REGARDING INTERVENTION PROCEDURES

If the facility uses Seclusion, Restraints, and Isolation Time Out's this section must be checked in the rulebook and must be reflected in the facilities policy and procedure manual.

.0101 Least Restrictive Alternative	
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| <input type="checkbox"/> Facilities shall provided services using the least restrictive, most appropriate and effective positive treatment policy
<input type="checkbox"/> The use of restrictive interventions, to reduce a behavior will be used with positive treatment or habilitation methods | <input type="checkbox"/> Treatment methods shall include: deliberative teaching & reinforcement of behaviors which are non-injurious; improvement of conditions assoc. w/non-injurious behaviors, i.e. enriched social and educational environment; alteration or elimination of environmental conditions correlated w/self injury |
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.0102 Prohibited Procedures

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| <input type="checkbox"/> The following procedures are prohibited:
corporal punishment; painful body contact;
substances which create painful bodily
reactions; electric shock; insulin shock;
unpleasant tasting foodstuffs; application of
noxious substances (noise, bad smells,
splashing with water); physically painful
procedures to reduce behavior | <input type="checkbox"/> The governing body may determine to prohibit
use of any interventions deemed unacceptable |
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.0103 General Policies Regarding Intervention Procedures

☐ The following procedures can only be used when clinically/medically indicated as a method of treatment: planned non-attention to specific undesirable behaviors when they are health threatening; contingent deprivation of any basic necessity; or professionally acceptable behavior modification procedures not prohibited by rules .0102 or .0104

☐ The determination that a procedure is clinically/medically indicated, and the authorization for use of such a treatment for a specific ct, can only be made by a physician or a licensed Ph.D. who has been formally trained and privileged in the use of a procedure

.0104 Seclusion, Restraint, and Isolation Time Out

- ☐ Use of restrictive interventions shall be limited to emergency situations (to terminate dangerous behavior) or as a planned measure of therapeutic treatment
- ☐ Rest. interv. will not be used as retaliation or convenience of staff, & will not cause harm
- ☐ Written policy delineates use of rest. interv.
- ☐ Written policy when rest. interv. is used must be written and approved by the Commission and must follow rules 27E .0104(e)(1)(A-D) or the facility must have provisions included in the next box.

☐ (e)(2) Review of the client's health history or the client's comprehensive health assessment conducted upon admission to a facility. The assessment shall include pre-existing medical conditions or any disabilities and limitations that would put the client at risk during the restrictive intervention; continuous assessments and monitoring of the client's physical psychological well-being throughout the duration of restrictive intervention by a staff present and trained in restrictive intervention; continuous monitoring of the client's physical and psychological well being by a staff trained in CPR during the use of the restraint; and continued monitoring of the client's physical and psychological well being by a staff trained in CPR for a minimum of 30 minutes to the termination of restrictive intervention.

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.0104 Seclusion, Restraint, and Isolation Time Out (Continued)

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| <ul style="list-style-type: none"><input type="checkbox"/> If the facility complies with (e)(2) then the following provisions apply: any room used for seclusion will comply with 8(A-I).<input type="checkbox"/> When rest. interv. is used documentation in the ct. record will include: notation of the client's physical and psychological well being, notation of the frequency, intensity, & duration of behavior leading to rest. interv. and circumstances leading to the behavior; rationale for using rest. interv. which addresses the inadequacy of less restrictive techniques; description of intervention and date, time, & duration of use; description of accompanying positive methods of intervention; a description of the debriefing and planning with the client and legal responsible person for the emergency use of seclusion, physical restraint or isolation time-out; a description of the debriefing and planning with the client and the legal responsible person for the planned use of seclusion, physical restraint or isolation time-out; and signature & title of staff who initiated and the staff who further auth. the use of intervention.<input type="checkbox"/> Emergency use of rest. interv. will be limited to: staff privileged to use rest. interv. Based on experience & training; continued use of interv. will be auth'd only by staff privileged to use rest. interv.; the responsible staff will meet with & conduct an assessment that includes the physical and psychological well being of the client & write a continuation auth. ASAP after the time of initial use of rest. interv.; verbal auth can be given if responsible staff concurs that it is justified; verbal auth. will not exceed 24 hours; and a written order for seclusion, physical restraint or isolation timeout is limited.<input type="checkbox"/> When a ct is in seclusion or physical restraint they must be observed ≤ 15 minutes; ct will be allowed meals, bathing, and toilet use; both of which must be recorded in the client record<input type="checkbox"/> When rest. interv. is used as a planned intervention the facility policy shall specify consent or approval valid for no more than 6 months based on recent behavioral evidence intervention is positive and continues to be needed. | <ul style="list-style-type: none"><input type="checkbox"/> When a ct is in isolation time-out there will be staff solely to monitor client, there will be continued visual and verbal interaction which will be documented in the client record<input type="checkbox"/> When a ct is in physical restraint staff will remain with the client continuously.<input type="checkbox"/> Rest. interv. will be discontinued ASAP or within 30 minutes of behavior control, new auth must be obtained for rest. interv. over 30 minutes to four hours for adult clients; two hours for children and adolescent clients ages nine to 17; or one hour for clients under nine. The original order shall be renewed with these limits or up to a total of 24 hours.<input type="checkbox"/> Written approval required for rest. interv exceeding 24 hours.<input type="checkbox"/> Standing orders or PRN orders shall not be used to authorize the use of restrictive intervention.<input type="checkbox"/> Doc of rest. interv. \geq must be in ct record. When rest. interv. is used notification to the treatment team, & designee of the governing body, must occur ASAP or within 72hrs.<input type="checkbox"/> Review & report of rest. interv. must be conducted regularly; investigations of unusual or unwarranted patterns of utilization.<input type="checkbox"/> Documentation shall be maintained on a log including: name of ct; name of responsible staff; date, time, type, duration, reason for intervention, positive and less restrictive alternatives used or considered and why used, debriefing and planning conducted to eliminate or reduce the probability of future use of restrictive interv., and negative effects of the restrictive interv. on the physical and psychological well being of the client.<input type="checkbox"/> The facility shall collect and analyze data on the use of seclusion and restraint on the following: the type of procedure used and length of time employed; the alternatives considered or employed; and the effectiveness of the procedure or alternative employed.<input type="checkbox"/> Ct's are able to request voluntary rest. interv. |
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.0104 Seclusion, Restraint, and Isolation Time	Out (Continued)
<div><input type="checkbox"/> Rest. interv. can be considered a planned interv. and will be included in the ct's treatment plan when used: $\geq 4X$, or ≥ 40hrs., in 30 consecutive days; in a single episode for ≥ 24 continuous hours in an emergency; or as a measure of therapeutic treatment designed to reduce behavior to allow less restrictive treatment.</div> <div><input type="checkbox"/> When rest. interv. is used as a planned intervention the facility policy shall specify consent or approval valid for no more than 6 months based on recent behavioral evidence intervention is positive and continues to be needed.</div> <div><input type="checkbox"/> Prior to initiation or continued use of planned intervention, written consent/approval in client record – approval of plan by professional and treatment team, consent of client or legally responsible person, notification of client advocate, and physician approval.</div> <div><input type="checkbox"/> Documentation in client record regarding use of planned intervention shall indicate: description and frequency of debriefing. Debriefing shall be conducted to the level of functioning of the client; bi-monthly evaluation of the planned intervention by the responsible professional; and review at least monthly by the treatment/hab. team that approved the planned intervention.</div>	

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.0105 Protective Devices

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| <input type="checkbox"/> When protective devices are used a written policy will ensure that: the need has been assessed and the device applied by staff trained and privileged to do so; it is the most appropriate treatment; the ct is frequently observed & given opportunity to use the toilet, exercise, and is monitored every hour | <input type="checkbox"/> Documentation and interventions will be recorded in ct's record
<input type="checkbox"/> Protective devices are to be cleaned regularly
<input type="checkbox"/> Facilities operated by or under contract with an area program will be subject to review by the clients rights committee.
<input type="checkbox"/> Use of devices will comply with .0104 |
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.0107 Intervention Advisory Committees (only if restrictive interventions are used)

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| <input type="checkbox"/> An Intervention Advisory Committee will be established to provide additional safeguards in a facility using restrictive interventions
<input type="checkbox"/> The Intervention Advisory Committee should have at least one member who has been a member of direct services or a close relative a consumer and: for an area program facility the Interv. Advis. Comm. will be the Clients Rights Committee; in a facility not operated by an area program, the Interv. Advis. Comm. will be the Human Rights Committee; or a facility will have a committee will have 3 citizens who are not employees or members of the governing body | <input type="checkbox"/> Intervention Advisory Committees shall have a member or regular independent consultant who is a professional with training and expertise in the use of the type of interventions who is not directly involved in the treatment of the client
<input type="checkbox"/> The Interv. Advis. Comm. will have a policy that governs the operations and states that ct info will only be given to committee members when necessary to perform duties
<input type="checkbox"/> Interv. Advis. Comm. will receive specific training & orien., be provided w/copies of related statutes and rules, maintain minutes of each meeting, and make an annual written report to the gover. Body on activities of the committee |
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.0201 Safeguards Regarding Medications

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| <input type="checkbox"/> Use of experimental drugs is research and will be governed by GS 122C-57(f) | <input type="checkbox"/> Use of other drugs as a treatment measure shall be governed by GS 122C-57, GS 90 Articles 1, 4A, & 9A |
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SUBCHAPTER 27F- 24-HOUR FACILITIES

.0100-SPECIFIC RULES FOR 24-HOUR FACILITIES

0101. Scope

☐ Article 3, Chapter 122C of the General Statutes provides specific rights for each client who receives a mental health, developmental

Disability, or substance abuse service. This Subchapter delineates the rules regarding those rights that in a 24-hour facility.

.0102 Living Environment

☐ Efforts to make a quite atmosphere for uninterrupted sleep, privacy areas

☐ Ct may suitably decorate room, when appropriate

.0103 Health, Hygiene, and Grooming

☐ Ct will have the right to dignity, privacy, and humane care in health, hygiene, and grooming
☐ Ct's will have access to a shower/tub daily or more often as needed; access to a barber or beautician, access to linens and towels, and other toiletries

☐ Ct's bathtubs, showers, and toilets will be private
☐ Adequate toilets, lavatory, and bath facilities equipped for use by a ct with a mobility impairment will be available

.0104 Storage and Protection of Clothing and Possessions

☐ Staff will make effort to protect ct's personal clothing & possessions from loss or damage

.0105 Client's Personal Funds

☐ Ea. ct will be encouraged to maintain funds in a personal account
☐ Funds managed by staff will: assure the ct's right to deposit & withdraw money; regulate the receipt and distribution, and deposits of funds; provide adequate financial records on all transactions; assure ct funds are kept separate; allow deduction from accounts for pymt of treatment/habilitation services when authorized; issue receipts for deposits & withdrawals; provide ct-quarterly statements

☐ Authorization by ct required before a deduction can be made from an account for any amount owed for damages done by the ct to the facility, to an employee of the facility, a visitor, or another client

Notes: _____

